

UFV&A Short Format**Visitor/Assignee:**

*First Name: _____ *Middle: _____ Last: _____
*Gender (circle one): Male Female Is Visitor currently in the US?: Yes No
*Permanent Resident Alien: Yes No
*Country of Citizenship: _____ *Date of Birth (mm/dd/yyyy): _____
*Country of Birth: _____ *City of Birth: _____

Employer Information**Affiliation or Company Info:**

*Institution or Company Name: _____ Phone Number: _____
Street (1): _____ Fax Number: _____
Street (2): _____ E-mail Address: _____
City: _____ State: _____
Zip Code: _____ *Country of Employer: _____
*Title or Position and Duties: _____

Aliases

First Name: _____ Middle: _____ Last: _____
First Name: _____ Middle: _____ Last: _____
First Name: _____ Middle: _____ Last: _____

Visa Information

Visa Number: _____
Visa Type: _____
Expr Date (mm/yy): _____

Passport Information

Passport Number: _____
Country of Issue: _____
Expr Date (mm/yy): _____

Place of Work (if different from Employer)

Company Name: _____ Phone Number: _____
Street (1): _____ Fax Number: _____
Street (2): _____ E-mail Address: _____
City: _____ State: _____
Zip Code: _____ Title or Position: _____
Country of Employer: _____
Interpreter Needed? (circle one): Yes No

Current U.S. Address

Street (1): _____ City: _____
Street (2): _____ State: _____
Zip Code: _____

Permanent Address

Street (1): _____ City: _____
Street (2): _____ State: _____
Country: _____ Zip Code: _____

Remarks/Comments

** Denotes Required Information*

UFV&A Request Information/Short Format

*List Site to be visited: _____

*Type of Request (circle one): Visit Assignment Off-site

*Will Sensitive Subjects be discussed? (circle one): Yes No

*Is this a High Level Protocol Visit? (circle one): Yes No

*Select the Security Area Type at the Facility (circle one):

Non-Security Area	Property Protection Area	Limited Area
MAA	Exclusion Area	SCIF

Host Information

*Host's First Name: _____ Middle: _____ *Last: _____

*Host's Citizenship: _____ *Phone: _____

*Does the Host have a clearance? (circle one): Yes No

*Desired Start Date (mm/dd/yyyy): _____

*Desired End Date (mm/dd/yyyy): _____

*Purpose of Visit: _____

*Subjects (may list more than one): _____

International Agreement Code: _____

*HDE Code: _____

Department/Division to be Visited: _____

*Justification of visit/assignment including specific activities or involvement: _____

Is the assignment for intermittent access periods? (circle one): Yes No

Number of Days On-Site: _____ Is this Visit/Assignment for Employment?: Yes No

Will there be interactions with Individuals with Security Clearances: Yes No

List Individuals:

First Name: _____ Middle: _____ Last: _____

First Name: _____ Middle: _____ Last: _____

First Name: _____ Middle: _____ Last: _____

*List Buildings and Rooms to be accessed:

Building: _____ Room: _____ Type: _____

Building: _____ Room: _____ Type: _____

Building: _____ Room: _____ Type: _____

*Certification of DOE Mission: _____

*Anticipated benefits to DOE Programs: _____

*Cost to DOE: _____

Will Visit/Assignment include transfer of Technology? (circle one): Yes No Unknown

If there is to be technology transferred, describe: _____

*Will Visitor/Assignee be granted computer access? (circle one): Yes No

If granted computer access, is the access on-site or off-site?: On-Site Off-Site

List any networks to which access is granted: _____

Remarks/Comments (or additional information that did not fit above)

* Denotes Required Information